

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

*See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.*

MHW

PLAINTIFF	COURT CASE NUMBER
Felisetas Parker	08 C 3142
DEFENDANT	TYPE OF PROCESS
Social Security Administration	Summons and Complaint
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
→	U.S. Attorney, United States Attorney's Office
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	219 South Dearborn Street - 5th Floor - Chicago, IL 60604
AT	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be served with this Form - 285
<input type="checkbox"/> Felisetas Parker 16 W. 540 Lake Drive - #9-208 Willowbrook, IL 60527	1
	Number of parties to be served in this case
	3
	Check for service on U.S.A.
	X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE. *(Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service).*

Fold

FILED

8-26-2008
AUG 26 2008 YMMICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT.

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		08-07-08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only first USM 285 if more than one USM 285 is submitted)</i>	Total Process <i>303</i>	District of Origin <i>24</i>	District to Serve <i>24</i>	Signature of Authorized USMS Deputy or Clerk	Date <i>08-07-08</i>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) <i>Karen Crane Rec.</i>	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.					
Address (complete only if different than shown above)	Date of Service <i>8/20/08</i>	Time <i>3:51</i>				
	Signature of U.S. Marshal or Deputy <i>[Signature]</i>					
Service Fee <i>48.00</i>	Total Mileage Charges (including envelope) <i>0</i>	Forwarding Fee <i>0</i>	Total Charges <i>48.00</i>	Advance Deposits <i>0</i>	Amount owed to U.S. Marshal or <i>48.00</i>	Amount of Refund <i>0</i>

REMARKS:

10 USM 1 Hr 1 mile